HOGAN & HARTSON L.L.P.

500 SOUTH GRAND AVENUE SUITE 1900 LOS ANGELES, CA 90071

> Tel.: (213) 337-6700 Fax: (213) 337-6701

IMPORTANT NOTICE

TELECOPY/FACSIMILE COVER LETTER

BRUSSELS BUDAPEST* LONDON MOSCOW PARIS* PRAGUE* TOKYO WARSAW BALTIMORE, MD BOULDER, CO COLORADO SPRINGS, CO DENVER, CO IRVINE, CA McLEAN, VA MIAMI, FL NEW YORK, NY (PARK AVE) NEW YORK, NY (THIRD AVE) ROCKVILLE, MD

*Affiliated Office

TO:	U.S. Patent and Trademark Office Examiner: Charlotte M. Baker Art Unit: 2626		DATE:	May 17, 2006
FROM:	Troy M. Schmelzer		TIME:	<u> </u>
TOTAL	NO. OF PAGES, INCLUDING COVER:	7		<u> </u>
message is n	information is CONFIDENTIAL and is intended only of the intended recipient(s) or the employee or agent that any dissemination, distribution or copying of the ion in error should notify us immediately by telephon	responsible for deliveri	ing the message i rictly probibited.	Anyone who receives this

MESSAGE:

Patent Application No.: 10/053,089; Our Ref. 81800.0178

I hereby certify that the following documents:

- Amendment Transmittal Letter.

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

May 17, 2006
Date of Deposit

Yuanita Soberanis

TELECOPY/FAX NUMBER: (571) 273-8300 ART UNIT 2626

CLIENT NUMBER: 81800.0178

ATTORNEY BILLING NUMBER: 73212

CONFIRMATION NUMBER: (571) 272-7459 Return fax to Juanita Soberanis

+1213 337 6701

Art Unit:

T-395 P.002/007 F-787

FORM PTO-1083

Attorney Docket No. 81800.0178

Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED **CENTRAL FAX CENTER**

In re application of:				
Masahiro HATASHITA				
Serial No: 10/053,089				
Filed: January 16, 2002				

Facsimile Gateway Device For:

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

Reply and Request for Reconsideration.

No additional fee is required.

MAY 17 2006 Examiner: Baker, Charlotte M. Confirmation No: 5517

2626

I hereby certify that this correspondence is being transmitted vla facsimile to

(571) 273-8300::

Mall Stop AF Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450, on May 17, 2006

Date of Deposit

Juanita Soberanis Name - L conit Maris 5/17/2006 Date Signature

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUME PREVIOUSLY PAI		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	20	-	20	••]	0	LG=\$50 SM≌\$25	\$50	\$	٥
INDEPENDENT CLAIMS FEE	3	1-	3	***	0	LG≖\$200 SM=\$100	\$200	\$	٥
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$180 SMALL ENTITY FEE = \$180						\$	٥		
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 SHEETS							s ·	0	
Independent Claims:	1, 10 and 19					TOT	AL.	\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment of the number of claims originally filed.

Please charge the amount of \$	to cover the additional claims fee to Deposit Account No. 50-1314.	4
copy of this sheet is enclosed.		

Please charge the amount of \$____ to cover the extension fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this \boxtimes communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

By:

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, HOGAN & HARTSON L.L.P.

Date: May 17, 2006

Biltmore Tower 500 South Grand Avenue, Suite 1900 Los Angeles, California 90071 Telephone: 213 337-6700 Facsimile: 213 337-6701

Troy of Schmelzer Registration No. 36,667 Attorney for Applicant(s)

+1213 337 6701

T-395 P.003/007 F-787

FORM PTO-1083

Attorney Docket No. 81800.0178 Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED **CENTRAL FAX CENTER**

In re application of:					
Masahiro HATASHITA					
Serial No: 10/053,089					
Filed: January 16, 2002					

Facsimile Gateway Device

Mail Stop AF Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

Reply and Request for Reconsideration.

No additional fee is required.

2626 Art Unit:

Examiner: Baker, Charlotte M. MAY 1 7 2006 Confirmation No: 5517

I hereby certify that this correspondence is being transmitted via facsimile to

(571) 273-8300:: Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450, on

May 17, 2006 Date of Deposit Juanita Soberanis

Name -

frant ALIANI 5/17/2006 Signature

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	AIMS REMAINING HIGHEST NUMBER		(Col. 3) PRESENT EXTRA*		LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	20	-	20		0	LG=\$50 SM=\$25	\$50	\$	0
INDEPENDENT CLAIMS FEE	3	-	3	***	0	LG=\$200 SM=\$100	\$ 500	\$	0
	OF MULTIPLE DEPENDENT	CLAIM	IS			GE ENTITY FEE		5	0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 SHEETS							5	0	
Independent Claims:	1, 10 and 19					TOTA	AL.	S	Q

If the entry in Col. 1 Is less than the entry in Col. 2, write "0" in Col. 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

Please charge the amount of \$	_ to cover the additional claims fee to Deposit Account No. 50-1314.	A
copy of this sheet is enclosed.		
Please charge the amount of \$	to cover the extension fee to Deposit Account No. 50-1314. A copy of	ρf

this sheet is enclosed. The Commissioner is hereby authorized to charge any deficiencies of fees associated with this 冈 communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is

enclosed. Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims 区区

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted. HOGAN & HARTSON L.L.P.

Date: May 17, 2006

Biltmore Tower 500 South Grand Avenue, Suite 1900 Los Angeles, California 90071 Telephone: 213 337-6700 Facsimile: 213 337-6701

By: Troy In Schmelzer Registration No. 36,667 Attorney for Applicant(s) Appl. No. 10/053,089

Amdt. dated May 17, 2006

Reply to Office Action of February 22, 2006

Atty. Ref. 81800.0178 Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Masahiro HATASHITA

Serial No. 10/053,089

Confirmation No.: 5517

Filed:

January 16, 2002

For:

Facsimile Gateway Device

REPLY AND REQUEST FOR RECONSIDERATION

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Art Unit: 2626

Examiner: Baker, Charlotte M

I hereby certify that this correspondence is being transmitted via facsimile to

(571) 273-8300: Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Signature

Alexandria, VA 22313-1450, on

May 17_2006 Date of Deposit

Juanita Soberanis

Name family Sollaris

Date

Dear Sir:

In response to the final Office Action dated February 22, 2006, applicant replies as follows and requests reconsideration of the rejections:

Remarks/Arguments begin on page 2 of this paper.